Public Health's Promise for the Future: 1989 Presidential Address

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Abstract: Public health's promise for the future is inextricably related to efforts which maximize human potential and which realize the world's interdependence. Public health challenges are not only constant and complex but frequently surrounded by political activities. In this environment, the public health enterprise has been enhanced by the Institute of Medicine, National Academy of Sciences' report on *The Future of Public Health* and the assessment framework it provides. Risk reduction through preventive and health promotion activities is the primary focus of public health, but facilitation is often dependent upon society's understanding and willingness-to-pay for such services. The effectiveness of public health is related to an ability to coordinate public and private efforts at national, state, and local levels. Also in this environment, public health is empowered through its multidisciplinary approach. However, epidemiology provides a unifying framework for the collective public health effort. Based on the use of epidemiology, public health is empowered to make the argument for a national health program and to support the concept of health as a determinant of life options. Public health's promise for the future can be fulfilled by continuing to increase its scientific base for decision-making, by self-examination and correction, by advocating and promoting self-examination and correction, by advocating and promoting social justice and by promoting firm partnerships with the public. (*Am J Public Health* 1990; 80:909–912.)

Public Health's Promise for the Future

Public health's promise for the future is directed toward societal goals which maximize human potential and which minimize risks inhibiting that potential. Only limited commitment, vision, and will can deter that promise. Public health activities take place "within the formal structure of government" but also include the efforts of private and voluntary organizations and individuals. The synergistic effect resulting from these efforts represents an unquantifiable amount of energy and power. The resulting energy and power are necessary to fulfill public health's promise for the future.

But, as we enter the last decade of this century, the international and national challenges and opportunities facing public health are formidable.

These challenges and opportunities are brought into sharp focus by a recent United Nations assessment of world health indicating the presence of serious problems: many directly or indirectly related to poverty. The poorest countries averaged less than $5 per capita for annual health expenditures compared to an average of $400 per person in the developed regions of the world. Twenty percent of the world's population—or one billion people—were estimated to be in "poor health." In addition to such problems as acquired immunodeficiency syndrome (AIDS), malaria, schistosomiasis, vaccine-preventable diseases, tuberculosis, sexually transmitted diseases, other types of threats exist.[1] These include overpopulation, acid rain, depletion of the ozone, trade policies involving harmful substances such as cigarettes, chemical, nuclear and biological pollution, low-intensity wars, and other complex issues.

Our health efforts in the United States have been directed toward the reduction of mortality and morbidity risks associated with heart disease, cancer, stroke, and other chronic conditions. But also, considerable attention and resources have been directed to reducing the risks associated with substance abuse, AIDS, violence, accidents, pollution including lead, infant mortality, homelessness and other multifaceted problems. Recently, enormous political activities have surrounded certain health issues including abortion, catastrophic and long-term care, use of chemicals on foods, health care costs, and uninsured and underinsured populations. Public participation in decision-making has taken on new and exciting dimensions.

It is in this context that I want to explore several channels through which we must apply our energies and divert our resources in order to achieve public health's promise for the future. A variety of facilitating forces will certainly be needed. These include enhancement and empowerment. The ability of the public health community to release and use these energies is the focus of my presidential message.

Enhancement

The public health enterprise has been greatly enhanced by the recent report of a comprehensive examination of its organization and practice. Considered a "landmark" study, the Institute of Medicine's (IOM) report *The Future of Public Health* was completed and published in 1988.[2] Since then, many state and community organizations, both public and private, have used the report's findings and recommendations to stimulate discussion, exploration, and change. Interest in and participation by elected officials in these procedures has been observed and reported throughout the country. Many organizations are using the IOM report as a guide for self-examination; others plan to do so in the near future.

Public health will be immeasurably strengthened by these efforts. The report provides a window of opportunity for enhancing public health's promise for the future.

The mission of public health, as described in the IOM report, involves fulfilling society's interest in assuring conditions in which people can be healthy[3] while the substance of public health is described as "organized community efforts aimed at the prevention of disease and promotion of health."[4] Assuming internal and external support for that mission and substance, the comprehensiveness inherent in these concepts will require much more.

Political, administrative, and regulatory environments, among others, influence public health outcomes. Hence, public health's promise for the future depends upon how successfully the enterprise, through its representatives, can

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negotiate these environments. Also critical to the promise is the translation of the mission and substance of public health in a way which stimulates public understanding and support at levels necessary to generate financial and other essential resources.[5]

The public's understanding and participation in public health activities was emphasized in the IOM report. Consumer participation in the planning, implementation and evaluation of public health programs often increases program effectiveness and ensures program continuity. Examples of such involvement are evident even to the most casual observer. Community participation—in programs targeted at such complex health issues as infant mortality, teenage pregnancy, pollution, drugs, violence and other concerns—has enhanced understanding, promoted community development, and contributed to program efficacy. In fact, community activism and commitment are essential components to fulfilling public health's promise.

Voluntary health organizations and interest groups as well as the news media have and will continue to have vital roles in policy analysis, investigation, and the education of the public. There is abundant evidence that focused efforts of interest groups have frequently changed political priorities and national agendas.

One example has been the successful campaign of Mothers and Others for Pesticide Limits (a project of the Natural Resources Defense Council). They targeted the use of the chemical Alar/daminozide as one of 24 possible carcinogens used on apples. The issue became highly politicized this past summer. While there is not complete agreement on the issues raised and the strategies used, the group's efforts increased community awareness and participation and the Mothers' group achieved their initial objective: to discontinue the use of Alar on apples. Supported by studies from the National Academy of Sciences and the Congressional Office of Technology Assessment which suggest that the chemical use can be reduced without loss of product volume or quality, their efforts to decrease the annual use of some one billion pounds of herbicides, insecticides, fungicides, and other toxic chemicals are continuing.[6]

Americans seem quite willing to commit resources to short-term measures. However, long-term solutions are clearly indicated. What must be clearly translated for the public are the costs to society of neglect and disinvestment in the poor, the uninsured, and the underinsured: a disproportional number of whom are children and minorities. For example, activities to reduce the risks associated with lead poisoning have been consistently underfunded. More funding would enable a comprehensive approach to reduce sources of lead, ensure case finding, and provide comprehensive treatment and long-term follow-up. For some children with lead poisoning, the underfunding means life-time disability and dependency at a far greater cost to society.

According to a report recently released by the House Select Committee on Children, Youth and Families, the proportion of children who are disadvantaged in the population is growing as birth rates remain higher in minority populations. Poverty now affects 45.1 percent of all Black children. In response to the report, Representative George Miller (D-Calif) and Committee chairman is quoted as saying:

> . . . for America's youngest and most vulnerable children, the 1980s have been a disaster. . . . The test now is whether we are motivated to act swiftly to reverse these alarming trends in the 1990s or whether we will enter the 21st century besieged by the worst effects of our failure.[7]

The theories of human investment[8] would lead to the conclusion that disinvestment in health (using the broad definition of the World Health Organization) could result in limiting human ability to maximize potential or to contribute positively to society. Both are negative payoffs for the nation. In fact, it seems likely that disinvestment in health will create another national deficit requiring even more of America's gross national product for health and social care.

The IOM report reinforces the importance of constituency building as a successful means of competing for resources and as a process for establishing policy priorities. Hence, fundamental to achieving the promise of public health is the establishment of reciprocal relationships with the public. This point was emphasized in a recent article on public hospitals. Using California as an example, the authors, Emmott and Wiebe, concluded that public hospitals as "safety nets" for the poor and uninsured are seriously threatened because they lack the resources to do the job. In their opinion, any short, intermediate or long-term reversal of resource allocations is dependent upon how successfully their urgency can be communicated to the public.[9]

The constant need to inform and persuade the public about public health issues is demonstrated daily. In a recently released report based on 1987 data, researchers reported that the growing numbers of AIDS patients were concentrated in selected hospitals in major cities throughout the United States.[10] Twenty percent of the hospitals surveyed provided 77 percent of the care to AIDS patients. In some cities, the strain on public hospitals is compounded by desperately ill intravenous drug users, their sexual partners and babies.[11] The practice of certain insurance companies to not provide health, disability or life insurance coverage to AIDS patients also results in problems for the patients and hospitals providing them care.[12] Such issues need to be examined broadly, need consensus about resolution, and need intervention at multiple levels. Public health advocacy in these matters and public health's ability to stimulate public support are important enhancement activities toward achieving its promise for the future.

Coalitions, policy networks and cooperative relationships with physicians and other health professionals are considered vital mechanisms for policy development and successful policy implementation. Considering the complexity of public health issues, an array of social, educational, and health interventions is often necessary. For example, the Illinois Infant Mortality Reduction Initiative requires that 21 different health, social, and educational services be available to clients. Only those communities which can put together coalitions to provide these services within a case management system are eligible for funding.

The relationships within and between levels of government, between public and private agencies, and involving physicians and other practitioners contribute to the understanding and the image of public health. Successful outcomes are judged, in part, on the broadness and quality of these relationships and on the level of public awareness and involvement.

Public health will be greatly enhanced by the availability of objectives, guides and standards which target health promotion and disease prevention activities.[13–15] Again, public understanding and community involvement are essential to the successful formulation and implementation of these endeavors.

The ability of the public health enterprise to coordinate efforts at and between national, state, and local levels will be

critical to the effective utilization of any prevention and health promotion models developed. Equally important is having adequate levels of funding and other resources necessary for implementation. This includes consideration of conditions which will assure the numbers of nurses and other health care providers needed to achieve our nation's objectives at all levels.

Although the mission of public health is carried out by public and private organizations and by individual practitioners and often reflects public/private partnerships, governmental public health agencies must take a strong leadership role in coordinating these efforts. Government's role, as described in the IOM report, is vested in assuring that the vital elements needed to implement the mission of public health are in place through its functions of assessment, policy development, and assurance.[16]

It can be concluded that these efforts are or can be enhancing forces for public health. With adequate public support, commitment and funding, public health's promise to maximize human potential and minimize inhibiting risks can be fulfilled.

Empowerment

Aside from the traditional regulatory empowerment given to governmental public health, several general characteristics serve as empowering forces for the implementation of the mission of public health. A significant empowering force is public health's multidisciplinary approach to its organization and practice. The approach enables public health to meet diverse population needs and to provide an array of services in a variety of settings.

Epidemiology unites the many disciplines represented in public health practice and functions as another empowering force. As our understanding of the causes and complexities of health problems has increased, public health has also increased its application of the social and behavioral sciences.

Public health is empowered by its practice which is characterized by a commitment to disease prevention and health promotion. Public health is also empowered to impact the broader implications of health through its commitment to social justice and through its role as an agent of social change.[17] As a population-based practice, public health has a heightened sensitivity to the match between resource allocation and the health needs of various populations. Inequities occur when similar needs in diverse populations are not met equally. Empowerment is inherent in the ability of public health workers to effectively assume an advocacy role which will reduce or remove those inequities and promote the health of all citizens.

A current issue that demonstrates the importance of this concept of social justice is access to health care. Access to health care is multidimensional and describes potential or actual entry into the health care system. Included are such characteristics as *availability* which considers workforce and facilities, *accessibility* which includes insurance and the ease of using a service, *acceptability* which involves the perceived value of obtaining care, and *effectiveness* which represents outcomes of health care utilization.[18,19]

The theme of this 117th American Public Health Association Annual Meeting is "Closing the Gap: Equity and Ethics in Public Health." Many presentations for the meeting were developed around access to health care as a social justice issue. The Association and other organizations that advocate a national health program are empowered by the mounting evidence that access to health care is an extensive problem for the approximately 37 million Americans who are uninsured and an additional 17 million who are underinsured. Present data indicate annual per capita expenditures on health care of $1,926, greater than any other nation. Nationally, forecasters project that health care costs will rise from the current 11.1 percent of the gross national product (GNP) to 13.0 percent of the GNP by 1995.[20]

Access to health care has ethical, social and political implications not only for those who are disenfranchised but also for our nation as a whole. Public health systems are determined by social values or beliefs which are eventually translated into society's willingness-to-pay for services and programs. In a discussion of the issue of health care as a measure of social justice, Larry Churchill observed that a de facto rationing scheme results from market-driven care systems.[21] In essence, social justice drives society's determination of who will live and who will die.

Whether the nation thrives, or reaches its productive potential or other national goals, depends in part on the level of wellness in the population. When segments of the population experience morbidity and mortality rates equivalent to those of third world countries, the inequities represented are of primary concern to the public health enterprise.

Factors which impact a population group's potential include more than adequate health care; they include the level and quality of education, the environment, and employment. Indeed, health care and education are key foundations of modern society. Consideration must also be given to the economic and political environments which influence populations.

From an epidemiological perspective, public health is empowered to make the argument for a national health program because of studies which support health as a determinant of life options during the entire life span. Examples can be given which illustrate this point:

- lack of prenatal care leads to greater likelihood of infant death, neurological damage, or developmental impairment in the child;
- childhood illness and unhealthy living conditions affect childhood development and can reduce learning potential;
- adolescent childbearing, substance abuse and injuries may result in lifelong personal, social and health effects;
- impaired health and chronic disability in adults often contribute to low earning capacity and unemployment; and
- chronic disease and poor health among older adults can lead to premature retirement and loss of one's ability for self-care and independent living.[22]

To this litany, many others can be added—such as homelessness, AIDS, hunger, and drug abuse which are made even more intense and threatening by poverty and educational deprivation. In response to the numbers of uninsured and underinsured in the population, many states and some local governments have developed health insurance programs which vary both in form and substance. As precursors to a national effort, their experiences will be valuable in determining a national health program.

Although access to health care has improved considerably for all Americans in the recent past, the gains have not been shared evenly. There are huge gaps in services and children are disproportionately affected; in 1986, 19 percent

of children under the age of 13 were uninsured and 61 percent of all children who were uninsured came from poor and near-poor families.[23] A University of California study involving the review of 146,000 births for the year 1982, 1984, and 1986 found that babies whose parents had no health insurance were about 30 percent more likely to be seriously ill or die than babies who parents had health insurance.[24]

Minorities are also disproportionately affected: "at least one in four Black Americans faces a potential barrier in access to ambulatory and hospital care."[25] The persistent health disadvantages of Blacks have been attributed to the incidence of poverty in the Black community; poverty in childhood often means lack of resources for healthy growth and development.[26]

In any discussion of access, the gap in adolescent care is brought into sharper focus due to the absence of targeted community-based comprehensive health services for this population group. Services are especially needed which address issues related to alcohol and drug abuse, sexually transmitted diseases, prenatal care, and the assessment of learning disabilities.

The closing of many rural hospitals and the subsequent loss of health personnel have been problematic for those living in rural areas. Between 1980 and 1987, 161 rural hospitals closed; however, organized community efforts including financial support have saved some hospitals. Medicare reimbursement rates, which were frequently lower than those in larger urban communities, were insurmountable problems for many rural hospitals. Medicare patients cost some hospitals more than the reimbursement received. About one-half of the respondents in a 1988 national consumer study of rural residents believed that they must go elsewhere to get sophisticated medical services.[27]

Legislative approaches to issues of access to care have sometimes been characterized as disjointed incrementalism. Access to care issues require a holistic approach, long-term planning and commitment. A brief commentary on a campaign for national health insurance by Physicians for a National Health Program, in the *United Auto Workers Solidarity* magazine, carried this title: "Take two aspirin and call for national health care."[28] Increasing health care costs accompanied by decreasing services, have stimulated and intensified the interests of labor, business, and the public in changing the system and supporting a national health program.

What power does public health have to improve health care access?

The answer is not one-dimensional. Among the actions that would, in the opinion of many, improve access to health care is the passage of a national health program. Characteristics of a national health program which are reflected in APHA's policies are quality and efficiency, universal coverage, comprehensive benefits, elimination of financial barriers to care, equitable financing, public accountability and administration, fair payment, appropriate use, evaluation, planning, disease prevention and health promotion, education and training, affirmative action for health workers, nondiscriminatory services, and consumer education. These characteristics have been incorporated in a statement of principles and serve as the basis of "A Sense of the Congressional Resolution for a National Health Program." Currently, the Resolution has the sponsorship of Representative Henry Waxman (D-Calif). Supporters of these principles are encouraged to solicit their Congresspersons to become co-sponsors. The public health enterprise must be aggressive in asserting its support for a national health program through political, informational, and other processes. Opportunity to shape configuration of a national health program through the passage of a Congressional Resolution may enable APHA's principles to become guides for future legislative action.

In closing, public health's promise for the future can be fulfilled by continuing to increase its scientific base for decision-making, by self-examination, by advocating and promoting social justice, by the equitable distribution of health resources, by promoting health care for all through legislative and non-legislative processes, and by establishing firm partnerships with the public. It is a promise which must be kept if our nation is to achieve its national potential.

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